

## LEARNING AGREEMENT

Doctorate/Masters Exchange  
ACADEMIC YEAR 20\_\_

FIELD OF STUDY: \_\_\_\_\_

Name of student: .....
Sending institution: ..... Country: .....
Receiving institution: ..... Country: .....

**Please note:** Make sure you choose courses of relevance to your study programme at your home university so that the courses completed during your mobility will be recognized as counting towards your degree. Make sure you choose courses which are indeed offered at your chosen host universities. As you can choose a university of 2<sup>nd</sup> choice, you need to fill in two separate learning agreements, scan and upload both of them. Before uploading your scanned learning agreements, you and the sending institution (ECCAM contact and academic coordinator) need to sign this document.

**Please note:** All Doctorate exchange scholars need to successfully complete at least \_\_\_\_ ECTS/Credit Points per semester for the period of their mobility! 70% of the courses must be of the main field of study (or similar), 30% any other courses. In case you are planning to do research activities for your Master thesis, please precisely describe your planned research activities below (instead of / additionally to listing your courses below). Please also contact your respective host institutions before applying, in order to find out if it is actually possible to undertake the planned research activities.

Course unit code	Course unit title	Number of ECTS/CP credits
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Student's signature
.....
Date: .....

<b>SENDING INSTITUTION</b>	
We confirm that the proposed programme of learning agreement is approved and will be recognized at our institution once the student returns from his/her mobility.	
Academic Coordinator at Faculty/Department Level	ECCAM contact person at sending institution
.....	.....
Date: .....	Date: .....

### RECEIVING INSTITUTION *(signatures to be obtained after the beginning of mobility)*

We confirm that the proposed programme of learning agreement is part of the curriculum at our institution and these courses/modules can be offered to the student.	
Academic Coordinator at Faculty/Department Level	ECCAM contact person at receiving institution
.....	.....
Date: .....	Date: .....

**CHANGES TO LEARNING AGREEMENT, which was originally proposed when applying for ECCAM**  
(to be filled in only if appropriate)

Course unit code	Course unit title	Deleted course unit	Added course unit	ECTS/CP credits
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....

Student's signature  
..... Date: .....

**SENDING INSTITUTION**  
We confirm that the proposed programme of learning agreement is approved and will be recognized at our institution once the student returns from his/her mobility.

Academic Coordinator at Faculty/Department Level  
.....  
Date: .....

ECCAM contact person at sending institution  
.....  
Date: .....

**RECEIVING INSTITUTION**  
We confirm that the proposed programme of learning agreement is part of the curriculum at our institution and these courses/modules can be offered to the student.

Academic Coordinator at Faculty/Department Level  
.....  
Date: .....

ECCAM contact person at receiving institution  
.....  
Date: .....